

Application for a Family Child Care License

Note: It may take up to 60 days to process your **completed** application, or 90 days if FBI fingerprint clearances are required. An application is considered complete when **all** required items have been received by the Bureau.

A. IDENTIFYING INFORMATION:

Applicant Name: _____ Phone #: (____) _____

Program Name: _____ Cell #: (____) _____

(Complete only if your child care program has a name, in addition to your own name.)

Mailing Address: _____

City & Zip Code: _____ Fax #: (____) _____

Facility Street Address: _____

City & Zip Code: _____

Interpreter's Name (if applicable): _____ Phone: (____) _____

Food Program Sponsor (if applicable): _____ Phone: (____) _____

Have you been a licensed or certified child care provider in Utah before? ____ Yes ____ No

B. ACTION REQUESTED & DOCUMENTS REQUIRED:

If you are requesting more than one action, check all boxes that apply for items 1-7 below.

1. ☐ Initial License

- _____ \$25.00 application fee made payable to: Utah Department of Health.
- _____ Completed CBS/MIS Consent & Release of Liability forms. Please see the enclosed information sheet for background screening and fingerprint requirements.
- _____ Fingerprint card(s) and \$24.00 per person fee for each person required to submit fingerprint cards. A separate check or money order is required for fingerprint fees.
- _____ Copy of fire clearance. (Contact your local fire authority to obtain this clearance.)
- _____ Copy of current city business license or receipt verifying application. (Contact your city/county to obtain this license.)
- _____ Local health department inspection. (Contact your local health department to obtain this inspection.)

2. ☐ Annual License Renewal Application

- _____ \$25.00 renewal application fee.
- _____ Completed Request for Annual Renewal of CBS/MIS Criminal History Information form. Please see the enclosed information sheet for background screening and fingerprint requirements.
- _____ Fingerprint card(s) and \$24.00 per person fee for each person who has not continuously resided in Utah for the past 5 years, unless the person has already passed the FBI fingerprint clearance. A separate check or money order is required for fingerprint fees.
- _____ A current local health department inspection. This is required **every other year** beginning with the licensee's initial licensing date.
- _____ A copy of your current business license.

3. ☐ **Change of Location**

- _____ Copy of current fire clearance for your new location, if required by local jurisdiction.
_____ Copy of current city business license for your new location, if required by local jurisdiction.
_____ Current local health department inspection for your new location.
_____ \$25.00 fee, only if the provider has had more than two license changes during the current licensing year.

4. ☐ **Increase or Decrease in Your Licensed Capacity**

- _____ Requested increase in total capacity: _____ (This request may not conflict with local ordinances.)
Approved increase: _____ (Leave blank – determined by Licensing)
_____ Requested decrease in capacity: _____
_____ \$25.00 fee, only if the provider has had more than two license changes during their current licensing year.

5. ☐ **Change of Licensee Name**

- Previous Name: _____
New Name: _____
Reason for Change: _____ Divorce _____ Marriage _____ Business Name Change
_____ Other: _____
_____ \$25.00 fee, only if the provider has had more than two license changes during their current licensing year.

6. ☐ **Change of Category**

- Current Category: _____ Licensed Family _____ Licensed Family Group _____ Residential Certificate
Desired Category: _____ Licensed Family _____ Licensed Family Group _____ Residential Certificate
_____ \$25 fee, only if the licensee or certificate holder has not paid fees within the past six months, based on the date of the "Paid" stamp on their application. Or,
_____ \$25.00 fee, only if the provider has had more than two license changes during their current licensing year.
_____ Completed CBS/MIS Consent & Release of Liability forms, if it has been six months since background clearances were completed for the applicant and all household members age 12 and older.
_____ Current fire clearance, if the requested category change is from residential certificate to licensed family provider.

7. ☐ **Deemed Status**

- _____ Request for Initiation of Deemed Status.
Date of scheduled exit interview with accrediting agency: ____/____/____
(Your Licensing Specialist will attend this interview.)
_____ Copies of inspection reports and recommendations, and progress reports for all corrective actions underway or completed in response to the accrediting agency's or the Department's recommendations.
_____ Request for Continuation of Deemed Status. (Include copy of your current accreditation certificate).
Date of last accreditation: ____/____/____
_____ Relinquishment of Deemed Status. Date relinquished: ____/____/____

C. HOUSE HOLD MEMBERS

You must complete the following information for every person living in your home, including yourself.

Name	Date of Birth	Name	Date of Birth
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____

D. CRIMINAL IDENTIFICATION SCREENING (CBS/MIS)

Utah Code 26-39-107 requires that each person requesting to be licensed or to renew a license submit to the Department the name and other identifying information, which may include fingerprints, of existing, new and proposed: owners; director; members of governing body; employees; providers of care; and volunteers; except parents of children enrolled in the programs. This information will be used to screen the individuals for criminal history through the Bureau of Criminal Identification (BCI) and the Department of Human Services Management Information Systems.

Completed CBS/MIS Consent & Release of Liability form(s) are included with this application for all:

- ____ Persons age 12 years and older who reside in the home
- ____ Additional caregivers
- ____ Substitute caregivers

F. CERTIFICATION OF UNDERSTANDING:

I understand that this document serves as the formal request upon which a licensing decision will be based. I agree, for the purpose of determining compliance with child care licensing rules established by the Department of Health and Utah State licensing laws, to allow authorized Department of Health representatives with proper identification to:

1. Enter and inspect the facility, property and premises without a warrant at any time the center is open for care.
2. Review facility documents.
3. Interview caregivers, children, employees, household members and others as necessary.

I agree to read and follow the child care rules and laws established by the State of Utah. I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application. I do hereby state that the information provided on this application is true and correct to the best of my knowledge.

_____/_____/_____
Signature of Applicant Date

Mail completed application, fees, and all required application documents to:

Bureau of Child Care Licensing, Northern Region
P.O. Box 650
Layton, Utah 84041

(801) 444-2950
Toll Free: 1-800-883-9375